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SOCIO-DEMOGRAPHIC PROFILE OF SENIOR CITIZENS OF A DISTRICT HEALTH

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ABSTRACT

Objective: To identify the sociodemographic profile of elderls' caregivers and to evaluate their response to the domains and items of a depression scale.

Methodology: This was a cross-sectional quantitative study, which CES-D scale to analyze the domains and their items, with a sample of 228 questionnaires, applied to caregivers of elders enrolled in the Family Health Program of the Sanitary District IV, having as inclusion criterion age above 28 years and at least 10 years living with the elder.

Results: The study showed that the profile of elders' caregivers has a prevalence of women, age between 50 and 60 years, elementary school education, married or in stable union and D-E social class. Regarding the analysis of the scale domains and items, there was a prevalence of the response rarely for the domains humor, somatic symptoms, interpersonal relationship and the variable not being able to "get my things through", showing that in that population these domains and items worked, mostly, as protective effects for depression. As for the positive effects, two items were shown as protectors, one item being a negative effect.

Conclusion: This study showed the importance of using the CES-D scale and the analysis of domains and items for screening depressive symptoms in elders' caregivers, and that this reading, depending on the response, may signal protective factors for depression, which becomes valuable when complemented with the profile of these caregivers.

INTRODUCTION

The aging process of the population has taken place in several countries, although at different times and rhythms (Kanso, 2013). This is a process that can be approached in various contexts: social, economic, intellectual, psychological, and leading to a series of organic amendments and various forms of aging. The increase in longevity raises to Brazil several challenges that need to be overcome to provide an attention to health of this population with quality (Lima *et al.,* 2012).

The increase in the rate of aging is growing and has been going on amid the difficulties of expanding the health system which leaves the elderly vulnerable to social conditions of developing countries. The social context can generate inequality and put the elderly in situations of fragility what interferes in their well-being, functional independence and impacts in their quality of life (Andrade *et al.,* 2013). The increased life expectancy of the elderly guard directly related to advances in medicine and improvement of the quality of life (Vogt *et al.,* 2012).

The factors that have contributed to the increase in longevity are the improvements related to environmental, social, cultural and educational, social and economic circumstances in Brazil determine living conditions and unequal work influencing the lifestyle and generating inequalities and social exclusion of disadvantaged seniors (Lima *et al.,* 2012). The social, economic and epidemiological profile of the country has suffered changes, generating new demands of health, especially for the attention to the elderly population and bringing the need for new studies on environmental issues, psychosocial, cultural and economic that may expose the conditions of life of this population (Faller and Marcon, 2013). The lower performance of health services, in addition to the most unfavorable living conditions influence the occurrence of health problems and enhances the risk factors worth mentioning that most of the diseases in this population are chronic, i.e. generated by a process of illness, taking the need of expensive interventions and with complex technologies (Lima *et al.,* 2012).

This ageing depends on the political and socioeconomic changes (Porciuncula *et al.,* 2014). Therefore, it is believed that the demographic data about the functional capacity of the elderly interfere and their knowledge makes it possible to create ways to prevent and take care of this population in order to put these old people in Active Aging and provide quality of life (Lenardt and Carneiro, 2013). The present study aims to identify the socio-demographic profile of the elderly, Basic Health units registered (UBS´s), Sanitary District IV, classifying the sample as for demographic data, such as: sex, age, skin color, education, marital status and social classification. This study intends to bring information about the socio-demographic conditions experienced by this population, and can generate comparative studies between this and other regions of our country, to promote reflection on the health offered and provides tools that help in planning of health care on the part of managers and professionals in the basic health, especially to the nurse for being the main professional responsible for servicing the group of elderly and elderly carnet.

METHODS

It is a descriptive, exploratory, cross-sectional study with a quantitative approach in Health District IV of the city of Recife, capital of the State of Pernambuco, located in the East-Central region; it covers an area of 218 km^2 and, according to the 2010 census showed the total population of 1,537,704 in that year, where 9.4% are elderly. Decree N 14,452 of 1988, divided the city of Recife is divided into 94 districts, which grouped generated the need for six Political-Administrative Regions (RPA´s), each with a Sanitary District (DS). The choice of district IV took place for the second largest population of elderly 32,960. (Brazil, 2014).

The study population consisted of seniors enrolled in the Family Health Strategy (FHS) of the Health District IV. We decided to conduct a sample survey where he was employed the random layering procedure in two stages, being the District the first stage unit Health and Family Health Units (FHUs) for second-stage application of the forms.

The sample size calculation was performed with the STATCALC Program, with the following parameters: population of 32,960 elderly of the Health District IV; 95% confidence interval,resulting in a total sample of 244 that after losses inherent limitations collection resulted in 229 forms.

Inclusion criteria were elderly people with more than 60; registered in the FHUs who agreed to participate in the study and signed an informed consent (TCL). As a criterion of exclusion: the elderly have severe cognitive impairment that made impossible to respond to interviews or loss of hearing, vision and speech impairment that would make impossible the communication. The instrument used for collecting data was created using the theoretical framework the Brazilian Association of Research companies (ABEP) under the methodology of the Brazil Economic Classification Criterion which entered into force at the beginning of 2015, described in the book Stratification and Consumption in Brazil social professors Wagner Kamakura (Rice University) and José Afonso Mazzon (FEA/USP), based on the household budget survey (POF) of the Brazilian Institute of Geography and Statistics (IBGE). The data were collected through face-to-face interview and the forms applied to the elderly in theirdomicile in the period from September to April 2016, being 10% of the sample held through pilot study, which was returned to the final study was necessary to suffer changes in their structure.

This study is part of the dissertation research of the master's student Gardenia Conceição Santos deSouza, entitled: COGNITIVE DECLINE IN THE ELDERLY-SCREENING FROM THE ELDERLY AND THEIR INFORMANT, and as part of the project of scientific initiation (PIC) of the University Salgado de Oliveira (UNIVERSO), Recife/PE Campus. The search began only after approval of the project by the Research Ethics Committee (CEP) at the Federal University of Pernambuco (UFPE), under the opinion of CAEE: 48403115.8.0000.5208 respecting the principles of privacy, reliability and fairness. During the search were respected all the precepts contained in Resolution N 466 of 2012 National Health Council (CNS) regarding ethical aspects involving humans, the process of the FICS, risks and benefits and responsibilities of the researcher. The presentations of the data are in the form of tables in Excel program (2010), the exhibition and final analysis of the data were compiled manually and their calculated results in absolute and relative frequency. As for the data to social classification, these were compiled and calculated and analyzed the light of literature chosen

RESULTS AND DISCUSSION

In this chapter there will be exposed and analyzed the light of literature the socio-demographic profile of the sample studied as to gender, age, skin color, level of education, marital status and social classification. The table 1 shows socio-demographic characterization of the elderly in the District IV held in Recife, in the period September 2015 to April 2016, from among socio-demographic variables, is the gender with female prevalence being represented by 178 (77.7%) of seniors and making references to this data, Santos *et al.,* (2013) argues that the life expectancy at birth between men and women there is a difference of 7.5 years for women, and it can be justified that female longevity by several factors mainly the sphere of social life which has been changed over time, and giving the reinforcement that justification, Babu et al., (2013), in his study in the city of Teresina-PI, obtained the result of 221 (61.5%) being female and 138 (38.5%) of males stating that this is a reflection of the phenomenon of feminization, translated by the world of existence a larger proportion of older women than of men, when one considers the total population of each sex.

Table 1. Distribution of elderly according to sociodemographic characteristics-FHU, District IV, Recife/PE, Brazil. September 2015 to April 2016

Variables	N =229	%
Gender		
Female	178	77,7
Male51	22,3	
Age (years)		
60--70	85	37,3
71--80	91	39,9
81--90	39	17,1
91--100	13	5,7
+100	00	0,0
Skin color		
White	61	26,7
Maroon1	21	53,1
Black	39	17,1
Indigenous	07	3,1
Education		
Literate	89	39
Elementary	118	51,8
Secondary	20	8,8
Higher education	01	0,4
Marital status		
Single	42	18,4
Married or Stable Union	85	37,7
Widower	903	9,5
Other	11	4,8

In the variable age, predominated the age of 71-80 with 91 (39.9%), Santos *et al.,* (2013) reports the predominance of subjects aged 70 to 80, confirming the findings of the latest census of the Brazilian Institute of Geography and Statistics (IBGE), 2010. As the color of the skin, the prevalence was Maroon 121 (53.1%), according to Correa *et al.,* (2012) claims that in northeastern Brazil, the Maroon ethnicity has predominance over other colors, because of the strong miscegenation of the country. Strengthening this idea, Santos (2010) justifies the number of elderly of Maroon race beyond the white race in the northeastern region of Brazil, due to greater centralization of Afro-descendants in the region which is related to the history of distribution of these individuals during the slave period. Concerning education, there was a predominance of elderly with 118 elementary school (51.8%) and Santos et al., (2013) reports that the result of the low level of schooling, attests to the Brazilian reality since the average years of schooling in Brazil is still too low, especially in the elderly population, Silva (2011) in a study conducted in the municipality of Porto Alegre-RS has detected that 72 (40%) of seniors attended only elementary school, reinforcing the data from our study.

Table 2. Brazilian social class (ABEP, 2015) of the elderly from the District IV, Recife/PE, Brazil. Sep/2015 to Apr/2016

VariablesScores	N = 229	%
A	45-1000	4 1,7
B1	38-44 09	3,9
B2	29-37 34	14,8
C1	23-28 43	18,8
C2	17-22	45 19,6
D-E0-	16 94	41,05

With regard to marital status, 90 (39.5%) seniors are widowed, totaling so the highest percentage, on the other hand Fhon et al., (2013), in his study in São Paulo says that the number of widowers is 75 (33.1%) representing the second largest percentage second only to the group of elderly married that is represented in greater numbers, corroborating with our findings that shows a portion of the elderly population. Refuting our data and pointing out the need to study the profile of the elderly in various regions, as can be found disparities that lead to different ways of planning assistance for the elderly. Table 2 shows the characterization of social class in Brazil (ABEP, 2015) of the elderly in the District IV in Recife/PE, in the period from September 2015 to April 2016. There was found as prevalent class in the elderly the class D-E, totaling 94 (41.05%) of seniors,according to Scortegagna (2012), the social situation of old age is marked by a culture that disables the elderly, where determines that persons who reach the age of 60 convert on incapable subjects of the third age; especially if this is from a social class most deprived. Supporting the elderly the worst conditions imposed by society: "Being poor and old, in a society that just glorifies who have possessions and estimating who is young enough to produce and consume according to the interests of the owners of the means of production" (Scortegagna, 2012 apud Jordão Netto, 1997). There are precarious the data about the social class of senior citizens and through this research there was possible to analyze that there are many elderly people of low class and that's why Tonon (2010) advocates a strategic policy in the fight against poverty and for the establishment of citizenship of the classes less favored.

CONCLUSION

This study showed that in the referred sample, the profile found was of women aged 71 to 80, Maroon with elementary schooling, widows and belonging to social classes D-E. The ID of the profile of older people is necessary and of great importance in order to meet the elderly population of our country throughout their heterogeneity and that makes think of an inclusive assistance to minimize the social differences and reduce the gap between the various ways of assisting the person in his aging process. When compared with other studies conducted in Brazil, there were found socio-economic congruencies, such as: in Teresina, predominance of elderly female, Maroon for the entire region of the Northeast and elementary school in Porto Alegre. This comparison between Brazilian studies shows that, even with regional differences, the situation of older persons is similar in our country by pointing to the need for an equitable policy to improve the quality of life of elderly people in our country.

That this study can entice new studies of adding the profile of older people from various regions of this country of so many socioeconomic and cultural disparities, and to a higher expectation, can generate comparative studies and discussions about how to work the population needs by all healthcare professionals, with emphasis on the nurse, who is a professional who works in the basic attention with a number of elderly people who, in most cases, finds themselves in unfavorable conditions. May the knowledge of the profile of the elderly be a guideline for creating actions and strategies to improve the quality of assistance to the elderly population.

REFERENCES

Andrade LM. *et al.* 2013. Políticas Públicas para Pessoas Idosas no Brasil: Uma Revisão Integrativa.Ciênc. Saúde Coletiva. Ciência e Saúde Coletiva. Departamento de Saúde. Universidade Estadual do Sudoeste da Bahia. 12(18):3543-3552.

Barbosa A,*et al.* 2013. Ingestão Alimentar de Cálcio E Vitamina D E Associação com o Nível de Escolaridade na Pessoa Idosa. DEMETRA: Alimentação, Nutrição E Saúde. 8(2):173-181.

Brasil. 2014. I Síntese De Indicadores Sociais: Uma Análise das Condições de Vida da População Brasileira. 34th Ed. Brasilia: Ministério do Planejamento, Orçamento eGestão Instituto Brasileiro de Geografia eEstatística - IBGE Diretoria de Pesquisas Coordenação de População eIndicadores Sociais.

Corrêa RGCF, *et al.* 2012. Epidemiológicos, Clínicos e Aspectos Operacionais de Pacientes com Hanseníase Atendidos em um Serviço de Referência no Estado do Maranhão, Brasil. Revista Soc. Bra.Med. Trop. 45(1).

Faller JW, Marcon SS. 2013. Práticas Sócioculturaise de Cuidados à Saúde de Idosos em Diferentes Etnias. Escola Anna Nery. 17(3).

Fhon JRS, *et al.* 2013. Prevalência de Quedas de Idosos em Situações de Fragilidade. Revista Saúde Pública. 4(2):266-73.

Kanso S. 2013. Processo de Envelhecimento Populacional–Um Panorama Mundial. VI Workshop de Análise Ergonômica do Trabalho III Encontro Mineiro de Estudos Em Ergonomia VIII Simpósio do Programa Tutorial Em Economia Doméstica.

Lenardt MH, Carneiro NHK. 2013. Associação entre as Características Sociodemográficas e a Capacidade Funcianal De Idosos Longevos Da Comunidade. CogitareEnferm. 18(1).

Lima OBA,*et al.* 2012. O Idoso Frente ao Processo de Envelhecimento: Produção Científica em Periódicos Online no Âmbito da Saúde.

Santos GS. 2010. Qualidade de Vida de Idosos Residentes em uma Área de Abrangência da Estratégia Saúde Da Família do Município De Guarulhos - SP. Centro De Pós-Graduação, Pesquisa e Extensão. Curso de Mestrado em Enfermagem.

Santos I,*et al.* 2013. Características Individuais e Clínicas de Pessoas Idosas com Diabetes: Investigação Temática Em Oficina Sociopoética. RevistaEnferm. UERJ. Pp34-40.

Scortegagna PA, Oliveira RCS. 2012. Idoso: Um Novo Ator Social. IX ANPED SUL. Seminário de Pesquisa em Educação da Região Sul.

Silva DAS. 2011. Perfil Sociodemográfico e Antropométrico de Idosos de Grupos de Covivência. Estud. Interd. Envelhec. Programa de Pós-Graduação. Universidade Federal de Santa Catarina. Porto Alegre. 16(1):23-39.

Tonon AS, Oliveira DAL, Bussula D. 2010. A Política de Assistência ao Idoso. III Encontro de Iniciação Científica E II Encontro De Extensão Universitária. 3(3).

Vogt RAD, *et al.* 2012. Estudos Sobre Idosos no Meio Acadêmico. Rev. Digital EFDesportes,Buenos Aires. (165).

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